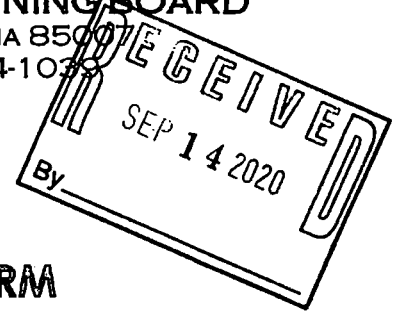


ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007

PHONE (602) 364-1PET (1738) FAX (602) 364-1039

VETBOARD.AZ.GOV



COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: Sept. 14, 2020 Case Number: 21-23

A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: Northern Arizona Premier Veterinary Hospital

Premise Name: Canyon Pet Hospital

Premise Address: 1054 E. Old Canyon Court

City: Flagstaff State: AZ Zip Code: 86001

Telephone: (928) 774-5197

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

Name: Miles Bruner

Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

Home Telephone: [REDACTED] Cell Telephone: [REDACTED]

*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.

C. PATIENT INFORMATION (1):

Name: J.R.

Breed/Species: Pinscher, Minature

Age: 8 yrs Sex: Male Color: Red

PATIENT INFORMATION (2):

Name: _____

Breed/Species: _____

Age: _____ Sex: _____ Color: _____

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:

Please provide the name, address and phone number for each veterinarian.

Dr. Cameron Folkers

E. WITNESS INFORMATION:

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

Carly'e (Manager at facility) [REDACTED]
[REDACTED]

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: Miles H. [Signature]

Date: 9-13-20

F. ALLEGATIONS and/or CONCERNS:

Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

I am a over the road truck drive that lives in Oklahoma and was on the road when J.R. took ill.

Veterinary Doctor neglected to properly examine and treat J.R. causing his early death. He and/or whomever was responsible for his diagnosis and treatment failed to communicate honestly about his condition, they lied that J.R. treatment was complete and repeatedly stated he was in good condition after 4 days of hospitalization.

J.R. (my dog) was taken to Banfield Pet Smart in El Paseo texas on 8/7 and diagnosed with diabetes. I was advised that he needed to be taken to a facility for hospitalization.

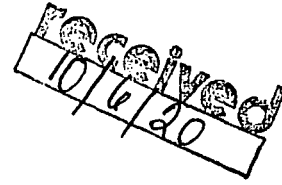
On 8/11/2020 aproximately Noon I took J.R. to Canyon Pet Hosiptal in Flagstaff and informed them of the recommendation from Banfield Pet Smart that he needed hospitalization. He was hospititized, examined and treated for 4 days. I was informed daily that J.R. was making progress and doing good. I was told he was ready to be released and that I could pick him up on 8/13 before midnight. When I arrived to pick him up I told the assistant nurse handling the release that he was struggling to breathe and his breathing was not like that when I brought him into the hospital. She informed me that there was absolutely nothing to worry about. No other assessment done but I was assured that his treatment was complete and there was nothing to worry about. I called back to Canyon Pet Hospital 2 hours later after picking him up and informed them that he was still having problems breathing and asked should I be worrried. The female that answered the phone informed me to keep an eye on him and said tha he worsens take him to another hospital.

The next morning 8/14 I again called and this time talked to Carly'e in management. She told me to see if he was just hot and I told her, no, he was not just hot and I told her that I had informed the releasing nurse that his breathing was bad when I picked him up. Then I asked her if the doctor noticed his breathing while he was in the hospital. While still on the phone, Carly'e responded that one doctor had noticed his breathing and another doctor hadn't. She then asked me if I could bring him in for a quick xray, and I asked her if an xray was not completed during the four days he was hospitalized; she said no an xray was not done. I told her I could not bring him now because I was in Phoenix waiting for a reload. I kept an eye on J.R. and by the time I reloaded (close to mignight) the Canyon Pet Canyon Hospital was closed. J.R. passed 8/15 at 2:30 AM.

Cost was never a factor for me in paying for the care needed to properly treat J.R. nor the lenght of hospitalization time needed. Payment was required up front before any treatment was perfomed and before I could leave him. I paid \$1550.00 without any hesitation and was never told any additional treatment or cost was needed, which I would have gladly paid to properly treat J.R. and keep him alive. I expected honest information about his condition and was never, ever told he was in any danger. Neglecting to check his breathing and do an xray should have been a priority!

October 5, 2020

Arizona State Veterinary Medical Examining Board
1740 West Adams Street, Ste. 4600
Phoenix, Arizona 85007



Re: 21-23 (In re: Cameron Folkers, DVM)

To Whom It May Concern:

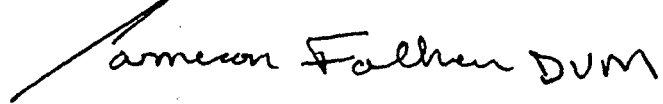
On August 10, 2020, J.R., an 8-year-old male mixed breed dog presented to Canyon Pet Hospital as an emergency referral from a Banfield veterinarian. The Owner is an over the road trucker who was passing through Flagstaff and reported that J.R. was weak and had vomited 3 times that day. Pursuant to Hospital policy, the Owner was asked to pay an initial emergency deposit of \$350.00. The Owner advised that he did not have the money and had to call a friend.

After the deposit was paid, the Owner became rude and vulgar to the front desk staff and the veterinary nurse. I asked the front desk to place the Owner in an exam room where I could meet with him in private. When I met with the Owner, I reviewed recent blood work from Banfield and discussed that J.R. was very sick. Specifically, I told the Owner that J.R. had untreated diabetes for so long that he was now in a state of ketoacidosis, which is a serious life-threatening condition. I gave a guarded prognosis, which means that we would do everything for his dog that we could but that he still might not make it. The Owner seemed to understand and was presented with a treatment estimate.

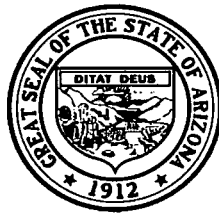
Unfortunately, the Owner was not able to come up with funds for the hospitalization we recommended and had to ask a family member for the remainder of the deposit to fulfill the low end of the estimate. J.R. was admitted to the hospital for DKA treatment. He was found to have a marked metabolic acidosis, with hyperglycemia and marked ketonuria. J.R. responded positively to our treatment and became more interactive and even started eating well on his own. When I rechecked his blood work, it showed metabolic acidosis had resolved and both the ketonuria and hyperglycemia had improved. The Owner had been extremely cost concerned throughout the patient's stay and he frequently warned me not to go over the low end of the estimate. Ultimately, J.R. was discharged from our hospital and, after he left Flagstaff, the Owner called about concerns with the dog's breathing. The Owner later sent a video to our hospital cell phone and when I reviewed it, I could tell that J.R. was not breathing like he had been while he had been in our care and concluded that J.R. needed immediate care. Our office manager remained in contact with the Owner through phone calls and texts and relayed my recommendations that J.R. be seen as an emergency at the nearest animal hospital where the Owner happened to be or, if the owner could bring the patient in, we would see him as an emergency and possibly take radiographs. The owner called later that night once again became belligerent and abusive to our staff. He claimed that we had done nothing to help his dog and that his dog was dying. When the Owner started threatening our staff, they became concerned for their own safety and we had to contact the Flagstaff police department who prepared an incident report.

We did everything that we could for J.R. within the financial constraints imposed by the Owner. Unfortunately, the dog's diabetic condition had been ignored for a very long time but we were able to provide beneficial care before the Owner left town with him.

Respectfully Submitted,

A handwritten signature in black ink that reads "Cameron Folkers DVM". The signature is written in a cursive, flowing style. A diagonal line is drawn over the signature, starting from the left and extending towards the right, crossing over the word "Folkers".

Cameron Folkers, D.V.M.



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INVESTIGATIVE COMMITTEE REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: AM Investigative Committee: Robert Kritsberg, DVM - Chair
Christina Tran, DVM
Carolyn Ratajack
Jarrod Butler, DVM - **Absent**
Steven Seiler

STAFF PRESENT: Tracy A. Riendeau, CVT – Investigations
Marc Harris, Assistant Attorney General

RE: Case: 21-23
Complainant(s): Miles Bruner
Respondent(s): Cameron Folkers, DVM (License: 6845)

SUMMARY:

Complaint Received at Board Office: 9/14/20
Committee Discussion: 2/2/21
Board IIR: 3/17/21

APPLICABLE STATUTES AND RULES:

Laws as Amended August 2018
(Lime Green); Rules as Revised
September 2013 (Yellow)

On August 10, 2020, "J.R.," an 8-year-old male Miniature Pinscher was presented to Respondent after being recently diagnosed with diabetes. The dog was hospitalized for diagnostics and treatment.

On August 13, 2020, the dog improved and was discharged.

The next day, Complainant expressed concerns with the dog's breathing; it was recommended to monitor the dog and have the dog evaluated if there was no improvement.

On August 15, 2020, the dog passed away.

Complainant was noticed and did not appear.

Respondent was noticed and appeared telephonically. Attorney, David Stoll, was present.

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: *Miles Brunner*
- Respondent(s) narrative/medical record: *Cameron Folkers, DVM*
- Witness(es) statement: *Flagstaff Police Department Incident Report*

PROPOSED 'FINDINGS of FACT':

1. On August 10, 2020, the dog was presented to Respondent for vomiting for three days and weakness. Complainant reported that the dog was diagnosed with diabetes 2 days earlier, but had not been started on insulin. The dog was eating but would vomit afterwards; was drinking a lot of water.
2. Upon exam, the dog had a weight = 13 pounds, temperature = 99.4 degrees, heart rate = 150bpm and a respiration rate = 50rpm. Respondent noted the dog was lethargic and had a BCS = 8/9. The problem list was vomiting, lethargy, and increased respiration rate and effort. Blood and urine was collected for testing; glucose = 518, ketouria = +++, Istat pH 7.0.
3. Respondent reviewed the previous blood work and advised Complainant that the dog was very sick. He explained that due to the dog being diabetic for some time, the dog was now in a state of ketoacidosis, which is a serious life-threatening condition. Respondent stated the dog had a guarded prognosis, thus even with treatment, the dog may not make it. Complainant understood and was presented with an estimate for treatment. The dog was hospitalized for DKA treatment.
4. An IV catheter was placed in the left cephalic vein and into the left jugular vein – 50mLs NaCl was bolused over 10 minutes, then decreased to 16mLs/hr. The dog was administered cerenia 6mg IV and Ampicillin 135mg IV slowly. Blood glucose = 404. Unclear if insulin was administered and how much.
5. At 10:00pm, the dog's blood glucose = 144. Later the dog was given unasyn 135mg IV slowly.
6. On August 11, 2020, at 3:00am, the dog's blood glucose = 327 and 0.6 units of Humulin-R was administered IM.
7. Later that morning, the dog's vitals were obtained, he received approximately 200mLs fluids, and he urinated outside. Blood glucose = 187. Unasyn 135mg was administered IV slowly.
8. At 1:00pm, Respondent evaluated the dog and performed diagnostics. Blood glucose = 208, pH = 7.26, K = 3.1, and ketones in urine = +. Respondent spoke to Complainant to advise that the dog was improving and they would be starting the dog on insulin that evening. If the dog continued to improve, he could be sent home by the end of the week.
9. That afternoon the dog was medicated with cerenia and unasyn IV. Blood glucose = 353.
10. That evening the dog was started on a new bag of IV fluids with 20mEq/L added at 16mL/hr. The dog ate a ¼ cup of chicken and was administered 3 units Vetsulin IM.
11. The dog's glucose was monitored:
 - 7pm – 457
 - 9pm – 344
 - 10pm – 351. The dog was administered 1 unit Humulin R IM.
 - 11pm – 255

12. On August 12, 2020: 12am – 165. Dextrose was added to the IV fluids (amount unknown). And the dog was administered unasyn IV slowly.

13. Blood glucoses continued to be monitored:

2am – 184

4am – 236

14. At 6am – the dog's vitals were obtained and the dog had received approximately 1200mLs.

15. At 8am – 135mg unasyn was administered IV.

16. At 9am – Blood glucose = 347. A new bag (3rd bag) of fluids was started with 20mEq/L, no dextrose, at 16mL/hr.

17. At 11:00am, the dog's vitals were obtained; he urinated and had received 2296mLs of fluids IV. Blood and urine were collected for testing.

18. At 1pm – Blood glucose = 262.

19. At 2pm- Respondent evaluated the dog. The dog was BAR and his blood glucose levels had been between 200 – 300. The dog was eating well and receiving his own insulin. Respondent spoke with Complainant to report the dog was doing well and could go home that evening or the next day.

20. At 3pm – Blood glucose = 324.

21. At 4pm, the dog was administered cerenia 6mg IV.

22. Blood glucoses were monitored:

5pm – 203

6pm – The dog ate ¼ cup of i/d stew and was administered 3 units of Vetsulin IM.

7pm – 369

9pm – 354

11pm – 346

23. On August 13, 2020, at 1am the dog's glucose = 304; the glucose continued to be monitored:

3am – 270

5am – 288

6am – the dog ate and was administered 3 units of Vetsulin IM – IV fluids were continued at 16mL/hr.

7am – 439

12pm – the dog's vitals were obtained, the dog was BAR. Complainant was given an update and he advised that he would be picking the dog up later that evening.

6pm – 421. The dog was offered food and administered 3 units of Vetsulin SQ.

24. At 11pm, Complainant picked up the dog. Technical staff went over discharge instructions

with Complainant; gave an education hand out, and demonstrated how to administer Vetsulin (3 units) with the u40 syringes using saline to practice. Complainant was instructed to make sure the dog ate prior to the administration of insulin and to recheck a glucose curve in three weeks.

25. According to Complainant, when he picked up the dog he noticed the dog was struggling to breath. He told technical staff that the dog was not breathing like this at drop off – Complainant stated that he was assured that the dog was fine and he left.

26. A couple hours later, Complainant stated that he called the premises again expressing his concern for the dog's breathing. He was advised to monitor the dog and take him to another premises if the dog became worse.

27. On August 14, 2020, Complainant called the premises again with concerns with the dog's breathing. There was discussion around the possibility of the dog being hot as Complainant and the dog were recently outdoors. Complainant sent a video of the dog's breathing, which Respondent reviewed and concluded that the dog needed immediate care. In a text message to Complainant, Respondent's staff advised to keep an eye on the dog and if he was going to be in Flagstaff, they could take a radiograph. At that time, Complainant was in Phoenix waiting for his truck to be reloaded as he was a truck driver, and could not bring the dog in to be seen.

28. Later that evening, Complainant texted the premises stating his dog was dying and they did nothing to help him. By the time his truck was loaded, the premises was closed. According to Complainant the dog passed away at 2:30am on August 15th.

29. According to Respondent, Complainant became belligerent and threatening therefore a police report was made out of concern for him and the staff's safety. The police officer made contact with Complainant – Complainant explained that he was upset with the passing of his dog. He had no intentions of going back to the premises and was currently in New Mexico.

COMMITTEE DISCUSSION:

No discussion took place.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that no violations of the *Veterinary Practice Act* occurred.

COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board:

Dismiss this issue with no violation

Vote: The motion was approved with a vote of 4 to 0.

The information contained in this report was obtained from the case file, which includes the

complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.

TR

Tracy A. Riendeau, CVT
Investigative Division

DOUGLAS A. DUCEY
GOVERNOR



VICTORIA WHITMORE
EXECUTIVE DIRECTOR

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

1740 W. ADAMS STREET, SUITE 4600, PHOENIX, ARIZONA 85007
PHONE (602) 364-1-PET FAX (602) 364-1039

CERTIFIED MAIL
9489009000276155131213

May 25, 2021

Cameron Folkers, DVM
ADDRESS ON FILE

LETTER OF CONCERN – 21-23 - In Re: Cameron Folkers, DVM

Dear Dr. Folkers:

At its meeting on April 21, 2021, the Arizona State Veterinary Medical Examining Board considered information presented in the complaint case filed by Miles Bruner regarding his pet "J.R." Bruner.

In each case, the Board considers the situation and the professional's response, as well as all relevant information. In this matter, after review and discussion, the Board voted to issue you a Letter of Concern pursuant to A.R.S. § 32-2234(D). This Letter of Concern is regarding the need to ensure that all medical records of animals being treated are clear and complete.

A Letter of Concern is defined in A.R.S. § 32-2201(12) as "...an advisory letter to notify a veterinarian that, while there is insufficient evidence to support disciplinary action about certain aspects of the case, the Board believes the veterinarian should modify or eliminate certain practices and that continuation of the activities that led to the information being submitted to the Board may result in action against the veterinarian's license."

We hope you will take this advisory letter in the spirit that it is intended to avoid any other potential violations in the future.

Respectfully,
FOR THE BOARD

A handwritten signature in cursive script, appearing to read "Victoria Whitmore".

Victoria Whitmore
Executive Director

cc: Miles Bruner
David Stoll, Esq.